

## **ELIGIBILITY APPLICATION**

All first-time California candidates be <b>received</b> at least 70 days prio		r which you wish to receive e					
NAME:							
(Last)	(First)		(Middle)				
KNOWN BY ANY OTHER NAME:	(Include Maiden Na	ame)					
ADDRESS:(Number and S	Street) (City	y) (State)	(7	ip Code)			
WORK PHONE: ()		,	·				
BIRTHDATE (Month/Day/Year):	SOCIAL SECI	JRITY #:					
EMAIL ADDRESS:							
By providing your email address you will be subscribed to receive email alerts with important news about LATC activities such as changes to the examination, proposed and final changes to law, and meeting notices. You may opt out by checking here:							
	Application Evaluation Fee			\$35.00			
Payment must be included with Application. Credit cards are not accepted at this time.							
Have you ever been licensed to practice landscape architecture?  If yes, attach explanation.							
Have you ever had a landscape architecture license denied, suspended, or revoked?  If yes, attach explanation.							
EDUCATION:							
High School Graduate: Yes N	No Graduation Date:						
A Masters, Bachelors, Associate degre licensing examination, in addition to tr		.andscape Architecture is re	quired to k	oe eligible for th			
COLLEGE OR UNIVERSITY (Name and Location)	COURSE OF STUDY	DEGREE RECEIVED	D	ATE RECEIVED			
For Official Use Only Receip	or Official Use Only Receipt # Date Received Amount Received						

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List dates of employment in chronological order, beginning with the most recent. List only employment actually spent in landscape architecture, architecture, civil engineering or self-employment as a licensed landscape contractor. Each entry must be supported with a completed Certification of Experience form. If you were/are a self-employed licensed landscape contractor for that time period, a copy of your license is required.

PERIOD OF EMPLOYMENT	BUSINESS NAME, ADDRESS AND TELEPHONE NUMBER	NAME AND LICENSE # OF DIRECT SUPERVISOR
FROMTO		
TOTAL: YR MO		
Full-time Part-time Hours per week:		
FROMTO		
TOTAL: YR MO		
FULL-TIME PART-TIME HOURS PER WEEK:		
FROMTO		
TOTAL: YR MO		
FULL-TIME PART-TIME HOURS PER WEEK:		
Have you ever been disciplined by ano If yes, attach explanation.	ther public agency?	☐ Yes ☐ No
Have you ever been convicted of a crir If yes, attach explanation.	ne?	☐ Yes ☐ No
	victed under another name, please indicat	ection violated, a brief explanation of the e other name. Convictions dismissed under
<ul> <li>Any offense which was adjudice</li> </ul>		
Eligibility Application Checklist:		
☐ Eligibility Application – with origin	nal signature	
☐ Sealed/Official Transcript	iai signature	
<u> </u>	with original signature (c)	
☐ Certification(s) of Experience – v	with original signature(s)	
☐ Application Evaluation Fee		
I certify under penalty of perjury under true and correct.	the laws of the State of California that the	information contained in this application is
Signature:		Date:

All items are mandatory. Information provided will be used to determine qualifications for licensure. Read the attached disclosures for more information.

## INSTRUCTIONS AND DISCLOSURES

The following documentation must be received by the LATC prior to the Eligibility Application being reviewed and at least 70 days prior to the date of the licensing examination section for which you wish to receive eligibility. Completed applications received after this date will be processed for the next examination administration:

- 1. Application complete with original signature
- 2. Application evaluation fee of \$35.00 is required and non-refundable (pursuant to Business and Professions Code 158) Payment must be included with Application. Money order, cashiers check or personal check must be made payable to "LATC." Credit cards are not accepted at this time.
- 3. Sealed/Official school transcripts Include only transcripts used towards qualifying under educational credit which must indicate "Degree Conferred." School transcripts may be mailed directly from the educational institution; however, the candidate is responsibility for their timely arrival.
- 4. Certification(s) of Experience– complete with original signature(s)

Social Security Number Disclosure. Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c) (2) (C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Collection and Use of Personal Information. The Landscape Architects Technical Committee of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 5630, 5650, 5651, 5652 and Civil Code Section 1798.17. The Landscape Architects Technical Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Landscape Architects Technical Committee cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Your Information**. You may review the records maintained by the Landscape Architects Technical Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information**. We make every effort to protect the personal information you provide us. In order to follow up on your complaint, however, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Landscape Architects Technical Committee, 2420 Del Paso Road Suite 105, Sacramento, CA 95834, (916) 575-7230 or email latc@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 1625 North Market Blvd, Sacramento, CA 95834, (866) 785-9663, or email privacy@dca.ca.gov.